

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Ending Spending, Inc.(b) Address (number and street) ☐ check if different than previously reported
815 Slaters Lane

(c) City, State and ZIP Code

Alexandria

VA

22314

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001929**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
09 / 30 / 2014

through

MM / DD / YYYY
10 / 03 / 2014**5. (a) Date of Public Distribution(s)**MM / DD / YYYY
10 / 02 / 2014**(b) Communication Title** Time to Act**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Nancy H. Watkins

(b) Address (number and street)

610 S. Boulevard

(c) City, State and ZIP Code

Tampa

FL 33606

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

1105537.35

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Nancy H. Watkins

SIGNATURE

Nancy H. Watkins

[Electronically Filed]

DATE

10/03/2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.